

City Of Winner



CUSTOMER AUTHORIZATION FOR DIRECT PAYMENT (ACH)

I (we) hereby authorize the City of Winner to electronically debit my (our) account on the 10th day of each month as follow:

Checking Account / Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Bank Name: _____

Routing Number: _____ Account Number: _____

Name(s) on the Account: _____

I (we) understand that this authorization will remain in effect until I (we) notify the City of Winner by writing to cancel the direct payment (ACH). I (we) understand that the City of Winner requires at least 3 days prior notice in order to cancel this authorization.

Name(s): _____
(Please Print)

Utility account number: _____ Email: _____

Date: _____ Signature(s): _____